	Casa 25 1	12457 Doo 2 Fi	lad 06/10/	OE Ent	orad O	3/18/2E 1	4·E2·0	6 Doco Ma	vin	
Fill	in this information to identify	your case:				Che	k one bo 122A-1S	k only as directed i	n this form and in	
De	ebtor 1 Crysta	I Renee	Clark-Jor	dan				no presumption of	f abusa	
	First Nam	ne Middle Name	Last Name							
	ebtor 2 First Nam	ne Middle Name	Last Name			o	abuse ap	ulation to determin oplies will be made t Calculation (Office	under Chapter 7	
	nited States Bankruptcy Cour	t for the: Easte	rn District of	Pennsylva	nia			ns Test does not a military service bu		
	ase number known)						heck if th	is is an amended t	iling	
									9	
<b>O</b> f	ficial Form 122A-	<u>·1</u>								
Ch	napter 7 State	ment of Your	Curren	t Mon	thly I	ncome	<u> </u>		12/	′19
nd eca vith	ch a separate sheet to this fo case number (if known). If yo ause of qualifying military se this form.  Calculate Your Cur	ou believe that you are exer	npted from a p	resumption	of abuse I	pecause you	do not ha	ve primarily cons	umer debts or	
1.	What is your marital and fili									
	Not married. Fill out Column A, lines 2-11.									
	☐ Married and your spouse ☐ Married and your spouse	• •			2-11.					
		e is NOT filing with you. You ousehold and are not legal			Column A a	and R lines 2	.11			
	Living separately or under penalty of per	are legally separated. Fill or right that you and your spourant for reasons that do not in	out Column A, I se are legally s	ines 2-11; do eparated und	not fill out der nonbar	Column B. B	y checking hat applie	s or that you and y		
va	01(10A). For example, if you a aried during the 6 months, add kample, if both spouses own to in the space.	the income for all 6 months	s and divide the	total by 6. F	ill in the re	sult. Do not ir	nclude any	y income amount r	more than once. F	
						200001		non-filing spou	se	
	<b>Your gross wages, salary, tips, bonuses, overtime, and commissions</b> (before all payroll deductions).				\$6,4	<u>94.86</u>		_		
3.	<b>Alimony and maintenance payments.</b> Do not include payments from a spouse if Column B is filled in.					\$0.00				
4.	All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.						<b>\$0.00</b>			
5.	Net income from operating or farm	a business, profession,	Debtor 1	Debtor 2						
	Gross receipts (before all de	eductions)	\$0.00		-					
	Ordinary and necessary ope	rating expenses	- \$0.00		_					
	Net monthly income from a b	ousiness, profession, or farm	\$0.00		Copy here →		\$0.00			
6.	Net income from rental and	other real property	Debtor 1	Debtor 2						
	Gross receipts (before all de	ductions)	\$0.00							
	Ordinary and necessary ope	rating expenses	- \$0.00	-						
			\$0.00		Сору					
	Net monthly income from rer	ntal or other real property			here →	_	\$0.00	_		
7.	Interest, dividends, and roy	alties					\$0.00			

Debtor 1

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	First Name Middle Name	Last Name			
			Column A  Debtor 1	Column B  Debtor 2 or non-filing spouse	
	8. Unemployment compensation		\$0.00		_
	Do not enter the amount if you contend that the under	e amount received was a benefit			
	the Social Security Act. Instead, list it here:				
	For you	\$0.00			
	For your spouse				
	9. Pension or retirement income. Do not include benefit under the Social Security Act. Also, exc do not include any compensation, pension, pay United States Government in connection with a disability, or death of a member of the uniformer retired pay paid under chapter 61 of title 10, the that it does not exceed the amount of retired pay entitled if retired under any provision of title 10	pept as stated in the next sentence, annuity, or allowance paid by the a disability, combat-related injury or ad services. If you received any en include that pay only to the extent ay to which you would otherwise be	\$0.00		-
	10. Income from all other sources not listed abo Do not include any benefits received under the received as a victim of a war crime, a crime ac domestic terrorism; or compensation, pension the United States Government in connection w injury or disability, or death of a member of the list other sources on a separate page and put	e Social Security Act; payments gainst humanity, or international or , pay, annuity, or allowance paid by with a disability, combat-related e uniformed services. If necessary,			_
	Total amounts from separate pages, if any.  11. Calculate your total current monthly income each column. Then add the total for Column A	A to the total for Column B.	+ \$6,494.86	+	= \$6,494.86  Total current monthly income
Pa	art 2: Determine Whether the Means Test A	Applies to You			
12.	Calculate your current monthly income for the year	r. Follow these steps:			
	12a. Copy your total current monthly income from li	ine 11		Copy line 11 here $\rightarrow$	\$6,494.86
	Multiply by 12 (the number of months in a yea	r).			x 12
	12b. The result is your annual income for this part of				
	125. The result is your armount from the part of	of the form.		12b.	\$77,938.32
13.	Calculate the median family income that applies to				
	Fill in the state in which you live.	Pennsylvania			
	Fill in the number of people in your household.	4			
	Fill in the median family income for your state and si To find a list of applicable median income amounts, instructions for this form. This list may also be availa	go online using the link specified in the	separate	13.	\$125,754.00
14.	How do the lines compare?				
	14a. Line 12b is less than or equal to line 13. On Go to Part 3. Do NOT fill out or file Official F	the top of page 1, check box 1, <i>There</i>	is no presumption of ab	ouse.	

Go to Part 3 and fill out Form 122A-2.

14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2.

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Middle Name

Part 3:

Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.



/s/ Crystal Renee Clark-Jordan

Signature of Debtor 1

Date 06/18/2025

MM/ DD/ YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.